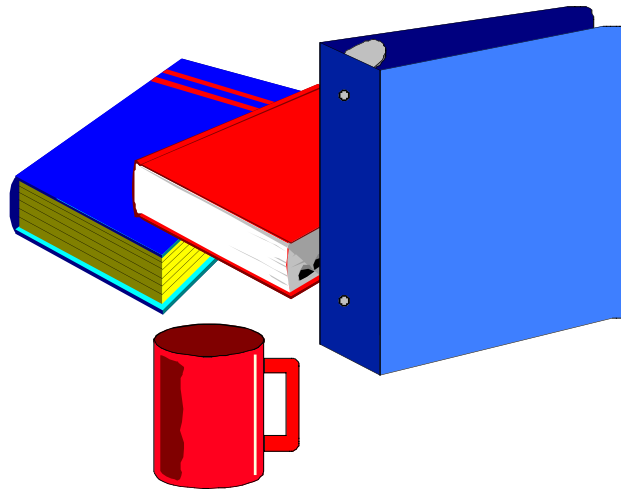


**Direct Support Professional Training  
Year 2**

# **Teacher's Resource Guide**



## **Session #9 Supporting Quality Life Transitions**

**Department of Education  
and the  
Regional Occupational Centers and Programs  
in partnership with the  
Department of Developmental Services**

**2000**

## List of Class Sessions

| Session | Topic  | Time            |
|---------|--|-----------------|
| 1       | Introduction and Supporting Choice: Identifying Preferences              | 3 hours         |
| 2       | Person-Centered Planning and Services                                    | 3 hours         |
| 3       | Person-Centered Planning and Services                                    | 3 hours         |
| 4       | Communication, Problem-Solving and Conflict Resolution                   | 3 hours         |
| 5       | Positive Behavior Support: Understanding Behavior as Communication       | 3 hours         |
| 6       | Positive Behavior Support: Adapting Support Strategies to Ensure Success | 3 hours         |
| 7       | Teaching Strategies: Personalizing Skill Development                     | 3 hours         |
| 8       | Teaching Strategies: Ensuring Meaningful Life Skills                     | 3 hours         |
| 9       | <b>Supporting Quality Life Transitions</b>                               | <b>3 hours</b>  |
| 10      | Wellness: Medication   | 3 hours         |
| 11      | Wellness: Promoting Good Health  | 3 hours         |
| 12      | Assessment   | 2 hours         |
|         | <b>Total Class Sessions</b>  | <b>12</b>       |
|         | <b>Total Class Time</b>  | <b>35 hours</b> |

**Session:** 9  
**Topic:** Supporting Quality Life Transitions

**Core**

**Objectives:** Upon completion of this session, the DSP should be able to:

1. Recognize and support the individual's daily routine; understand life patterns and life stages
2. Support individuals in establishing and maintaining relationships with family and friends
3. Promote community participation
4. Encourage regular physical activities
5. Recognize and support individuals during the grief process

|              |   |                 |
|--------------|---|-----------------|
| <b>Time:</b> | <b><i>Introduction and Key Words</i></b>                    | 5 minutes       |
|              | <b><i>Supporting Life Quality Transitions</i></b>           | 5 minutes       |
|              | <b><i>Activity: Birth of a Child</i></b>                    | 30 minutes      |
|              | <b><i>Grief Process</i></b>                                 | 15 minutes      |
|              | <b><i>Life Stages</i></b>                                   | 30 minutes      |
|              | <br><b><i>Break</i></b>                                     | <br>15 minutes  |
|              | <br><b><i>Life Stages (continued)</i></b>                   | <br>25 minutes  |
|              | <b><i>Additional Activities to Support Life Quality</i></b> | 20 minutes      |
|              | <b><i>Risk</i></b>  | 5 minutes       |
|              | <b><i>Optional Activity and Discussion</i></b>              | 15 minutes      |
|              | <b><i>Practice Questions</i></b>                            | 10 minutes      |
|              | <b><i>Ending the Session</i></b>                            | 5 minutes       |
|              | <br><b>Total Time</b>                                       | <br>180 minutes |

**Materials:**

- Overhead Projector or LCD Projector with compatible laptop computer and Powerpoint application;
- Hard copy of overheads or disk with Powerpoint presentation;
- Some blank overheads, a flipchart, or chalkboard with markers, chalk, etc.;
- *Resource Guide* for all class participants; and
- Teaching materials (10 index cards and 1 pipe cleaner per participant)

## Preparation

Instructor should read over the presentation outline, becoming thoroughly familiar with the information and instructions for the presentation. The information could be presented verbatim or paraphrased, as long as the essential information is conveyed.

## Introduction

**Do**

**Show overhead #1**

**Say**

Welcome to Session #9. In this session, we will talk about ways of supporting quality of life throughout each stage of an individual's life. We will be discussing the different life stages, and ways for DSPs to support individuals to transition (or move through) from one life stage to another life stage.

**Do**

**Show overhead #2**

**Say**

The keywords for today are:

- Activities
- Life Quality
- Life Stages
- Transition
- Attachment or bond

## Your Presentation Notes

### Session 9: Supporting Life Quality



Session #9, Overhead 1

### Key Words

- **Activities**
- **Life Quality**
- **Life Stages**
- **Transition**
- **Attachment or Bond**
- **Developmental Delay**
- **Special Health Care Needs**
- **Grief Process**



Session #9, Overhead 2

- Developmental delay
- Special health care needs
- Grief Process

Throughout this session, we will talk about the key words, what they mean and how they apply to your job as a DSP!

## Supporting Life Quality Transitions

**Do**

**Show overhead #3**

**Say**

We all go through the same life stages: infancy; toddler and preschooler; childhood; adolescence; transition to adulthood; adulthood; and old age. Transition from one life stage to another, for example, from adolescence to adulthood, is typically stressful for all of us, and is no less so for people with developmental disabilities.

“... The essence of a high quality life is being able to adopt a lifestyle that satisfies one's unique wants and needs. In this respect, transition [from one life stage to another] poses a real challenge to all persons because it involves a change in one's lifestyle. The uncertainty caused by these changes and the loss of familiar routines, relationships and control is often stressful (Quality of Life; Perspectives and Issues).”

## Your Presentation Notes

### Life Stages

- Infancy
- Toddler and Preschool
- School-age
- Adolescence
- Transition to Adulthood
- Adulthood
- Aging

Session #9, Overhead 3

As we discuss the life stages, I want you to think about how a person's routines, relationships, and sense of control over their life change as they move from one life stage to another, for example, from childhood to adolescence, and from adolescence to adulthood. The success of these transitions is dependent upon the kind of emotional support that a person receives during these times, and upon understanding of and careful planning for the individual's unique wants and needs.

## Birth of a Child

### **Ask**

Let's start at the beginning. How many of you know someone who has recently had a baby?

### **Say**

I am going to ask you to again break up into pairs. I want you to pretend that you are a couple expecting to have a baby. Decide who is going to be the "Mom" and the "Dad". Please share with each other your hopes and dreams for your baby's future. Spend about five minutes talking to each other about what kind of a life you want for your new baby.

## Your Presentation Notes

**Do**

**Show overhead #4**

**Ask**

Each couple to share their hopes and dreams with the group. Write them on the left side of the blank overhead. You should expect to hear things like: "I want my baby to lead a happy, healthy life; to be able to afford a nice home; to play sports; to grow up and have a family of his or her own".

**Do**

Give each couple a "baby" (a doll or stuffed animal to hold).

**Say**

Stay with your partner. You are holding your beautiful "baby". It was an unexpectedly difficult birth. The doctor has just left the hospital room and you have been told that your child will be mentally retarded. Talk with your partner about your feelings - and your hopes and dreams for your baby's future. Take turns holding the "baby" as you are talking.

**Ask**

Each "couple" to share their hopes and dreams for their baby with the group. Cover the left side of the overhead. Write the second set of answers on the right side of the overhead or flipchart. You should expect to hear many of the same things: healthy,

**Your Presentation Notes**

**Hopes and  
Dreams**

Session #9, Overhead 4

happy, etc.; however, other things may change. Read back to the class from the two lists, emphasizing the similarities, while recognizing the differences.

**Say**

As you can see, many of the hopes and dreams for your baby are the same, e.g., health and happiness. We all want our children to have quality lives, regardless of their abilities or disabilities. But some of our hopes and dreams have changed. Let's talk some more about the changes.

**Ask**

Why did your hopes and dreams change?  
How did you feel when you were told that your beautiful "baby" was mentally retarded?  
(People may say that they felt sad, that they felt grief for the "lost" hopes and dreams.)

**Say**

Becoming a parent (either as a couple or as a single person) is often a difficult and stressful transition, involving a significant change in the parent's routines and relationships with family and friends. Becoming the parent of a child with a developmental disability presents even more challenges and stress for the parents and family. The parent(s) feel a significant sense of loss of control. What is typically a joyous occasion, the birth of a child, may turn to one of sadness and grief,

Your Presentation Notes



grief for the “loss” of the parent’s hopes and dreams for their child. Parents often feel angry and hurt. It may take some time, and the parents may need some help, to work through these feelings.

Parents need support from family and friends, and from DSPs and other professionals who may become involved with the child.

As the child grows, each new developmental “milestone” that is missed becomes a reminder of the child’s disability. The parent’s feelings of loss and grief may return. Parents continue to grieve, often throughout their child’s life.

**Say**

The grief process is a natural and normal reaction to loss. Through the process of grieving, a person can let go of the dreams they once had and create new dreams. Their former dreams have been lost or changed. Now they must learn to cope and go on with their lives, and form new dreams.

## Grief Process

**Say**

The grief process, which is divided into several states, is what allows a person to separate from the lost dream and move on.

## Your Presentation Notes

The word “states” is used, instead of “stages”, to indicate that there is not a set pattern or step-by-step process that one must go through in any certain order. The states are: denial, anxiety, fear, guilt, depression, and anger.

**Do**

**Show Overhead #5**

**Say**

Denial is always the first state, but it may reappear again and again. Denial is what allows someone to buy time. It gives them the time they need to adjust to what is unacceptable.

**Say**

The second state is usually anxiety, but it can also follow other states. Anxiety is what gives a person the energy to make needed changes. It is what allows a person to let go of denial and focus on what is known as the four feeling states of the grief process: fear, guilt, depression, and anger.

Fear is shown by a parent being “overprotective” or by fearing to have another child. Sometimes there is even fear to attach or form a relationship with the child with the disability.

Guilt helps to explain the “why” of the situation. A parent may believe that “good

## Your Presentation Notes

### Stages of Grief

- Denial
- Anxiety
- Fear
- Guilt
- Depression
- Anger

Adapted from Dr. Ken Moses “The Impact of Childhood Disability: The Parent’s Struggle”

Session #9, Overhead 5

things happen to good people” and therefore, the opposite must also be true. Or one may believe they are being punished for previous sins, or that they have done something in the pregnancy, or even regretted the pregnancy, thus causing the child to be disabled.

Depression occurs because one feels hopeless and helpless. A parent may feel inadequate, incompetent, and worthless. Depression can also help parents to see what it takes to be competent, capable, and strong.

Anger occurs because a person feels the need for fairness and justice. There is nothing fair about the disability faced by an innocent child. The changes that result in a parent's life due to having a child with a disability is also a cause for anger. It has disrupted their life, and drained their time, and money.

Because feelings of anger may be so unacceptable to some people, it may cause them to go back into the state of denial. It's also important to point out, that people may be experiencing more than one state of the grief process at the same time.

Different people go through the grieving process in different ways. Couples may not be at the same “state” in the grief process at the same time. A single parent may be at a different “state” than his or her family

## Your Presentation Notes

member (grandparent, aunt, uncle) who may try to be supportive. One may still be in denial, while the other is deeply depressed or feeling angry.

DSPs can help parents by making sure that they encourage and support parent's involvement in their child's life, and by being available to talk with parents about their hopes and fears for their child.

### **Ask**

Ask students to describe how people from different cultures may react differently to the birth of a child with a disability. **Note:** Encourage students to share their own experiences and perspectives throughout the discussion of life stages.

## **Life Stages**

### **Do**

**Show overhead # 3** (Again)

Repeat stages of life: infancy, toddler, childhood, etc.

### **Say**

So let's move on and watch our "baby" move through these stages of life, and learn what we as DSPs can do to support the child's individual needs over time, and provide for the child's (and adult's) health and safety.

## **Your Presentation Notes**

### **Life Stages**

- **Infancy**
- **Toddler and Preschool**
- **School-age**
- **Adolescence**
- **Transition to Adulthood**
- **Adulthood**
- **Aging**

Session #9, Overhead 3

Although the way each person moves through the stages of life is unique to that person, these stages can be defined in general terms. Some of these stages are defined by age, for example, infancy, while others are defined by important events, for example, the first day of school, graduation from high school, moving away from home, getting married, having children.

Many of an individual's needs change as that person moves from one life stage to another. However, some needs, most importantly, the need for meaningful, supportive relationships - family and friends - will never change throughout a person's life. Support from family and friends is a need we all share, and is critical to experiencing quality of life. An individual may need extra support in times of transition or change from one life stage to another.

**Ask**

Think about changes in your life, for example, leaving home, getting married, getting divorced, changing jobs, moving. Who helped you? What did they do that helped?

**Do**

Write answers on a blank overhead or flip chart. Review and summarize. We can learn a lot about ways to help others through

Your Presentation Notes

changes in their lives, including the individuals who live in the homes that we work in, by thinking about our own lives and what helped (or didn't help).

### **Say**

The following information will help you, the DSP, to better understand and meet individual needs over time. First, I will present general information about each life stage that applies to everyone, with or without a developmental disability, and, next, I will provide information more specific to people with developmental disabilities.

## **Infancy**

### **Do**

**Show overhead #6**

### **Say**

During the first year of life an infant is expected to learn to hold up his or her head, roll over, reach for objects, crawl, pull to a standing position, stand alone, and, for some infants, walk. Infants begin to play games like pat-a-cake and peek-a-boo, and say their first words - "mama", "dada", "hi", "bye-bye".

During the first year of life a baby also develops an attachment or bond to his or

## **Your Presentation Notes**

### **First Year Development**

- Holding Head
- Standing Alone
- Reaching for Objects
- Walk with Help or Walk Alone
- Rolling Over
- Hands to Midline
- Peek-a-boo
- Crawling
- "Mama", "Dada"
- Pulling to Stand
- Pat-a-Cake

Session #9, Overhead 6

her parent or caregiver. The most important relationship in a child's life is the attachment to his or her primary caregiver. When a caregiver holds a baby, soothes a baby when it cries, talks and sings to a baby, feeds, plays and cares for a baby, the caregiver is also forming a close bond or relationship with the baby. This relationship is critical to both the emotional and physical health of the baby and affects future development. A healthy relationship with a primary caregiver provides a child with a sense of security and safety. In later infancy, a baby typically shows separation anxiety, or distress when there is a loss of the primary caregiver, even for a short period of time.

**Ask**

How do you think this attachment may be affected when an infant remains in the hospital in intensive care for a long period of time? (**Answers** include that attachment is difficult with many different caregivers over a 24 hr. period, attachment is also difficult for both the parent and the child if the parents cannot hold, feed or care for the infant.)

If a parent is unable, perhaps because of the child's continuing special health care needs, to care for an infant, and that child moves to a foster family home, what can the new caregiver do to establish a bond or relationship with the infant? (**Answers:**

**Your Presentation Notes**

Hold the baby, soothe the baby when it cries, talk and sing to the baby, feed, play and care for the baby.)

**Do**

Ask “couples” to get back together. Ask them to imagine that they have just made the difficult decision that they, for whatever reason, cannot care for their child. Ask each couple to talk about: 1) How they feel about their child going to live elsewhere? 2) How the DSPs in the home could best help them with the transition of their child to a foster home? Give participants about 5 minutes to answer these questions.

**Do**

Go to flip chart, easel, or blank transparency and record the participants answers to these questions. “Couples” may report many feelings similar to those they had when they first learned that their child was developmentally disabled: depression, sadness, guilt, anger. Couples may also express feelings of inadequacy, of being a “bad” parent, fear of attachment, guilt, fear that others may not provide good care, blame directed at the other parent.

**Say**

DSPs can help parents by being available to talk to them about their son or daughter, actively participating in planning to meet the

**Your Presentation Notes**



child's needs, making sure parents feel welcome in their child's new home, establishing a regular and ongoing means of communication with parents about the child's progress and needs, and keeping parents involved and informed in the child's activities.

**Say**

Each child, with or without a disability, develops at his or her own pace. For example, most infants with a developmental disability develop their muscles and achieve motor milestones, but their development may be delayed. In time, most will be able to hold their heads, roll over, sit, and reach for objects. Some will learn to walk, even if they reach that milestone at a later date than other children of the same age. This is called a developmental delay.

DSPs can receive professional support to help a child with a developmental delay through early intervention programs and services. Early intervention professionals teach DSPs, parents and others involved in the child's life, various ways to stimulate the child's development through play and other learning activities.

The pace of a child's development can be further affected if the child has a special

**Your Presentation Notes**

health care need. Special health care needs may include respiratory and or feeding problems which require specialized health care. For example, an infant's breathing may be recorded by a cardiorespiratory monitor. A child may be need to be fed using an internal feeding tube, such as a gastrostomy tube.

If the child has special health care needs, there may be nurses, occupational therapists, nutritionists and other health care professionals in and out of the home. Coordinating numerous medical appointments and ensuring good communication with the child's health care team, including parents and professionals, will be a necessary challenge for the DSP.

[**Note:** DSPs are generally prohibited from providing specialized in-home health care, including internal feeding tube, cardiorespiratory monitor, intravenous therapy, ventilator, urinary catheterization, tracheostomy, colostomy, ileostomy, other medical or surgical procedures, or special medical regimens, including injections, aerosol treatment, and intravenous or oral medications which require specialized in-home health care. However, Community Care Licensing has established specific criteria under which a DSP may provide for specific health care procedures. At a

## Your Presentation Notes

minimum, Community Care Licensing requires that each child with special health care needs have a detailed individual health care plan written by the child's physician, and that any DSP who is to provide care to an individual child related to a special health care need be trained and supervised by an appropriate health care professional.]

## Do

One of the most important jobs of a caregiver is to make sure that the environment is safe for the infant. Divide the class into four groups. Give each group a copy of one page of **Overheads #s 7 through 10**. Ask them to demonstrate without words (charades) each of the *Precautions When Caring for Infants* on their group's page. The groups can take 5 minutes to plan their skits and then present them to another team. The other group is to guess

### Precautions When Caring for Infants

- **NEVER** leave an infant alone on a bed, changing table, or other high object
- **ALWAYS** put up crib rails
- Place baby to sleep on back or side, with the lower arm forward
- Place baby on firm mattress
  - Do not use fluffy blankets or comforters.
  - Do not place on waterbed, sheepskin, or pillow.

Session #9, Overhead 7

## Your Presentation Notes

### Precautions When Caring for Infants

- Cover electrical outlets with child-proof covers
- Make certain wires and cords are not hanging
- Keep gates in front of steps and stairs
- Keep all medicine, household cleaners, and other toxic substances out of reach of children in a locked container

Session #9, Overhead 8

### Precautions When Caring for Infants

- Keep child-proof latches on drawers and cabinets
- Keep plastic bags away from infants and small children
- Keep small objects (safety pins, coins, etc.) away from infants and small children
- **NEVER** give foods that may obstruct the airway (e.g., popcorn, peanuts, grapes, marshmallows, hot dogs)

Session #9, Overhead 9

### Precautions When Caring for Infants

- Place hot items in the center of the table
  - Not on a tablecloth, unless the child is supervised
- **NEVER** leave a child alone in a bathtub, swimming pool, or other bodies of water
- Use sunscreen of SPF 15 or higher when outdoors
- **ALWAYS** place an infant in a properly installed car seat

Session #9, Overhead 10

the Precaution that is being demonstrated.  
You can keep score by teams if you wish.  
After this exercise is completed, review each  
of the overheads with the entire group.

**Do**

**Show overheads #7-#10**

**Discuss and review**

## Toddler and Preschooler

**Do**

**Show overhead #11**

**Say**

Now let's go to the toddler and preschool years. During the first year of life an infant is expected to learn to run, jump, ride a tricycle, enter into fantasy play, say full sentences and carry on a conversation, gain independence by learning toilet skills. The toddler and preschooler is curious and begins to learn the alphabet and how to count.

**Say**

As a child begins to develop better motor skills (e.g., walking, running, jumping), he or she also is developing curiosity and is learning to explore his or her environment. At the same time he or she is developing more independence and wanting to do more things on his or her own. Language and cognitive

## Your Presentation Notes

### Toddler and Preschool

- |                        |                   |
|------------------------|-------------------|
| • Running              | • Independence    |
| • Jumping              | • Curiosity       |
| • Fantasy Play         | • Learns to Count |
| • Riding Tricycle      | • Toilet Training |
| • Language Development | • Learns Alphabet |
| • Exploring            |                   |

Session #9, Overhead 11

skills improve tremendously over these few years, until the average child is speaking in full sentences, able to carry on a conversation, and learning to count and repeat the alphabet. Some children will even be reading simple words or using the computer before they begin school.

A child with a developmental delay may need additional support in learning to walk, run, jump, or ride a tricycle. A child will need additional support in learning language skills. The DSP should listen and talk to the child throughout the day, find out what the child's sounds and actions mean, play games, read and tell stories and provide play materials for the child. The DSP may need additional support to teach the child toileting skills. Parents and caregivers may experience a growing awareness or lag between the child with developmental delay and the average child.

Again, many of these toddlers and preschoolers will continue to make progress, but at a slower pace.

**Ask**

What types of safety precautions need to be taken with the toddler and preschooler?

**Your Presentation Notes**

### Do

Go to flip chart, easel, or blank transparency and record answers. Answers should include items listed on **Overheads #12 through #15**.

**Show overheads #12-#15 and review items**

### School Age

#### Say

Most children begin kindergarten at age 5. It is one of the most memorable events in a young child's life. Let's list some of the achievements the average child experiences during the elementary school years.

### Do

Go to flip chart, easel, or blank transparency and record answers of class. (Answers should include learning to read and write, with increased academic skills over time; extra-curricular activities, such as, music,

#### Safety Precautions: Toddlers and Preschoolers

- Keep power and hand tools out of reach
- Cut loops of Venetian blinds
- Keep matches out of reach
- Turn handles of pots and pans towards back of stove

Session #9, Overhead 12

## Your Presentation Notes

#### Safety Precautions: Toddlers and Preschoolers

- Keep away from poisonous plants
- Fasten seatbelts in carriages and strollers
- Never leave alone in carriage, stroller, or shopping cart
- Never leave alone in house or parked car

Session #9, Overhead 13

#### Safety Precautions: Toddlers and Preschoolers

- Up to 40 lbs, ride in car seat
- 40-60 lbs, ride in car booster seat
- Never place child in front seat of car with passenger side airbags

Session #9, Overhead 14

#### Safety Precautions: Toddlers and Preschoolers

- Discard old refrigerators, freezers, or stoves or have doors removed
- NEVER have firearms (loaded or unloaded) within reach of child

Session #9, Overhead 15

sports, Scouts or other youth organizations; developing friendships and becoming part of a peer group).

**Do**

**Show overhead #16 and review**

**Say**

Again a great many milestones and achievements occur in the life of the school aged child. Besides physical development, there is an increasing, age appropriate mastery of academics, broadened social circle, and participation in sports and other activities.

**Say**

Children with a developmental disability may need additional support in making friends, participating in sports and other activities with their peers, making academic progress, and developing self-confidence. Without additional support, they may be unable to participate in same sports as peers or siblings, may have a tendency to hang out with younger children, rather than those in own age group, and may become depressed because they are self-conscious and have low self-esteem.

What do you think the DSP can do to assist the school aged child with special needs?

## Your Presentation Notes

### **Developmental Milestones: School Age**

- Develop Problem Solving Skills
- Reading
- Develop Self Confidence
- Writing
- Math
- Learn to Reason
- Develop Sensitivity to Others
- Participate in After School Activities
- Form Friendships and Peer Groups
- Scholastic Achievements

**Session #9, Overhead 16**

**Do**

Go to flip chart, easel, or blank transparency and record class answers. (Answers should include knowing and including parents and siblings, if possible; working closely with teachers at the child's school to support the child in achieving goals and objectives of the Individual Educational Plan (IEP); knowing the child's interests; encouraging friendships and doing things with peers; providing a nurturing and supportive home environment; being aware of possible signs of depression.)

**Say**

Again, we also need to be aware of safety precautions for school age children. Let's list some of the considerations we need to think about for children of this age.

**Do**

Go to flip chart, easel, or blank transparency and record answers. Answers should include those listed on **Overhead #17**.

**Do**

**Show overhead #17 and review**

Your Presentation Notes

**Safety Precautions:  
School-Age**

- Use seat belts in automobiles
- Use appropriate fitting helmets when rollerblading, riding bicycles or scooters
- Educate about dangers of going into the street
- Teach children not to swim alone (always have adult supervision)
- Teach children about appropriate interaction with strangers

Session #9, Overhead 17



## Adolescence

### Say

Now let's list some of the stages an individual goes through during adolescence.

### Do

Go to flip chart, easel, or blank transparency and record answers. (Answers should include puberty, dating, peer pressure, increased academic pressure, driving, graduation from middle school and high school, increasing independence, planning for future, defining values, etc.)

### Do

**Show overheads #18-19 and review**

### Say

So a lot happens between the ages of 12 and 17. The adolescent goes through physical, as well as, psychological changes. These years are often described as ones of asserting independence, often with parental conflicts, years of self-consciousness, with a strong influence of one's peer group. Many teenagers are very active physically, and in good physical health. Others go on fad diets, and may even become anorexic. Some teenagers have a very poor diet, eat lots of junk food, don't exercise, and develop obesity.

## Your Presentation Notes

### Developmental Milestones: Adolescence

- Puberty
- Peer Pressure
- Dating
- Academic Pressure
- Driver's License

Session #9, Overhead 18

### Developmental Milestones: Adolescence

- Increasing Independence
- Planning for Future
- Defining values
- Graduation

Session #9, Overhead 19

**Ask**

The adolescent with a developmental disability may become increasingly self-conscious of his or her disability. He or she may express a strong desire to be like peers, may have an increased tendency towards rebelliousness, anger, or depression. He or she may have difficulty understanding emotional and physical changes related to sexual development. He or she may or may not have friendships; dating may be difficult; transportation to and from activities becomes more of an issue.

It is important for the DSP to work with the individual and his or her planning team in planning for the individual's future. The individual needs support in exploring opportunities and choices for work and home.

What things might the DSP consider when working with adolescents?

**Your Presentation Notes**

## Do

Go to flip hart, easel, or blank transparency and record answers. Answers should include those listed on **Overheads #20 to #23**.

Show overheads and review

### Considerations: Adolescents

- Gets Enough Sleep
- Eats a well-balanced diet
- Obtains information and materials for good grooming
- Obtains accurate information about tobacco, alcohol, and drug

Session #9, Overhead 20

## Your Presentation Notes

### Considerations: Adolescents

- Knows how to swim
- Never swims alone
- Wears sunscreen SPF 15 or higher outdoors
- Wears helmet when riding bike, motorcycle, or ATV

Session #9, Overhead 21

### Considerations: Adolescents

- Avoids loud music, especially in headsets
- Has accurate information about sex
- Does homework and participates in regular school activities
- Has open line of communication with adults

Session #9, Overhead 22

### When Working with Adolescents

- Be alert for signs of depression
- Identify talents and interests
- Assist with making plans for transition from high school

Session #9, Overhead 23

## Transition to Adulthood

### **Ask**

What are some of the experiences that many people go through in the four or five years following high school graduation.

### **Do**

Go to flip chart, easel, or blank transparency and record answers. Answers should include those listed on **Overhead #24**. Show overhead and review.

### **Say**

In the life of most young people, this is the time that they acquire the necessary skills to live independently. Most young adults are either in college or in a job skills program. He or she may lose high school friends as they move away to go to college or take jobs and make new friends. Many young adults leave home, share an apartment with roommates, start paying their own bills, and may buy a car. Some will move to another town or state, and some will even travel to another country. A person of this age may question traditional family and religious beliefs. As their circle of friends and acquaintances grow, they continue to develop their own sense of morality and spirituality. People in this age group are dating, may marry or have children.

## Your Presentation Notes

### **Transition to Adulthood**

- College or job skills program
- Move away from home
- Pay bills
- Buy car
- New friends
- Develop own moral and spiritual beliefs

Session #9, Overhead 24

**Do**

**Show overheads #25 and #26**

**Say**

The DSP can provide invaluable support during this time of transition by talking to the person about what they want to do; helping the person to explore his or her interests or abilities by finding out about possible job or learning opportunities in the community; and supporting the individual to communicate his or her wants and needs to the planning team and family members.

We'll take a break before we begin our discussion of the next life stage, adulthood. Please be back in 15 minutes and we'll start again.

**BREAK**

**Adulthood**

**Say**

Most people spend the majority of their lives as adults. What are typical experiences of most adults?

**Do**

Go to flip chart, easel, or blank transparency and record answers. Answers should

**Your Presentation Notes**

**Role of DSP in  
Transition to  
Adulthood**

- What does the person want to do?
- What are his or her interests or abilities?
- What job-training or learning opportunities are in the community?

Session #9, Overhead 25

**Role of DSP in  
Transition to  
Adulthood**

- What are the family's hopes and desires?
- What services and supports are in place?
- What is needed for plans to be successful?

Session #9, Overhead 26

include those listed on **Overhead #27**.

**Show overhead #27 and review**

**Ask**

What can the DSP do to support the individual with developmental disabilities to have a quality life that is more similar than dissimilar to that of others of the same age?

**Do**

**Show overhead # 28**

**Say**

The DSP can provide opportunities for choice making; provide correct information regarding options; advocate for the rights of the person with developmental disabilities; treat the individual with dignity and respect; ensure opportunities to participate in their community; and support people in making friends and having close relationships.

**Aging**

**Say**

Persons with developmental disabilities may begin the aging process 20 to 30 years earlier than other adults. Let's list common changes that occur in all aging individuals. (Answers

## Your Presentation Notes

### **Adulthood**

- Marriage
- Some divorce
- Some remarry
- Career choice
- Start family (Parenting)
- Manage home
- Plan for retirement

Session #9, Overhead 27

### **Considerations: Adults**

- Give choice
- Provide information to make decisions
- Advocate for rights
- Treat with dignity and respect
- Opportunities for community involvement
- Opportunities to make friends and develop relationships

Session #9, Overhead 28

should include changes in vision, hearing, taste, touch, smell, bones and muscles, physical appearance, and memory).

**Do**

Go to flip chart, easel, or blank transparency and record answers.

**Ask**

What are some clues that might indicate that an individual's vision is changing?

**Do**

Go to flip chart, easel, or blank transparency and record answers.

**Do**

**Show overhead #29 and discuss**

**Say**

Here are some ways to help older people whose vision is failing or beginning to fail.

**Do**

**Show overheads #30-31 and discuss**

**Say**

What are some signs that a person may be losing his or her hearing?

**Do**

Go to flip chart, easel, or blank transparency and record answers.

## Your Presentation Notes

### **Signs of Vision Loss**

- **Spotted, or mismatched clothing**
- **Heavy use of non-visual methods**
- **Intense lighting**
- **Always sits in direct sunlight**
- **Accidents or falls**
- **Decline in cleanliness in living area**

**Session #9, Overhead 29**

### **Suggestions to Aid Poor Vision**

- **Bright, contrasting colors**
- **Avoid highly polished surfaces**
- **Use bright light**
- **Limit time of "close work"**

**Session #9, Overhead 30**

### **Suggestions to Aid Poor Vision**

- **Provide support in new environment**
- **Provide support when walking, if needed**
- **Use adaptive aids**
- **Provide handrails in stairwells and other areas**

**Session #9, Overhead 31**

**Do**

**Show overhead #32 and discuss**

**Ask**

Can you think of some ways to help older adults with hearing problems?

**Do**

**Show overhead #33-34 and discuss**

**Say**

Other changes that may occur with aging include a decrease in the ability to taste, touch, or smell.

An increased use of spices, especially sugar and salt may be a sign that a person may be losing their sense of taste. Adding salt or sugar to the diet may have a negative effect if the individual has high blood pressure or diabetes.

A slow or no reaction to a change in temperature or pain may be a sign that a person is losing their sense of touch. If a person loses their sense of touch, he or she may be at risk of hypothermia or hyperthermia; heat stroke; burns; or frost bite.

Eating spoiled food or not reacting to bad smells might indicate that an individual is losing their sense of smell. When a person

## Your Presentation Notes

### Signs of Hearing Loss

- Radio or TV volume is very loud
- Asks to repeat questions or comments
- Watches mouth of speaker closely
- Doesn't understand if back is turned
- Talks loudly

Session #9, Overhead 32

### Aids for Poor Hearing

- Increase loudness of voice, but don't shout
- Speak clearly and distinctly
- Speak at distance of 3 to 6 feet
- Face the person and establish eye contact

Session #9, Overhead 33

### Aids for Poor Hearing

- Position yourself in good light
- If not understood, rephrase in short, simple sentences
- Limit background noise and distraction
- Use alternative communication

Session #9, Overhead 34



looses their sense of smell, the DSP should carefully watch what a person eats. Be aware if they are exposed to chemicals, such as ammonia, bleach, or gas and remove the individual from any such situations.

What are signs of degeneration or weakening of the muscles and bones?

**Do**

**Show overhead #35 and discuss**

**Say**

Here are some suggestions for persons with degenerating muscles and bones.

**Do**

**Show overhead #36 and discuss**

**Ask**

What are some signs of poor digestion in an older person?

**Do**

Allow class to answer and then show **overhead #37** and repeat cues listed on overhead.

## Your Presentation Notes

### **Degeneration in Muscles and Bones**

- Discomfort
- Lack of mobility
- Decreased activity
- Fear of falling
- Difficulty with steps

Session #9, Overhead 35

### **Suggestions for Degeneration in Muscles and Bones**

- Apply heat to affected joints (check with physician)
- Maintain appropriate weight
- Low stress impact exercise
- Use adaptive aids

Session #9, Overhead 36

### **Signs of Poor Digestion**

- Lack of healthy teeth
- Poor fitting dentures
- Difficulty swallowing
- Indigestion
- Constipation
- Hemorrhoids

Session #9, Overhead 37

What suggestions do you have for assisting an older person with poor digestion?

**Do**

**Show overheads #38-40 and discuss**

**Say**

The DSP must be prepared to discuss any of these signs and symptoms with the individual with the developmental disability, physician, and planning team, and to take appropriate actions. The DSP can also help to find new resources, and help the individual to plan for retirement and older age.

## Your Presentation Notes

### **Aids to Poor Digestion**

- Soft, easy to chew foods
- Good dental hygiene
- Small, frequent, attractive meals
- Large meal early in the day

**Session #9, Overhead 38**

### **Aids to Poor Digestion**

- Increase liquids, fruits, vegetables, and grains
- Increase exercise
- Avoid foods with seeds

**Session #9, Overhead 39**

### **Aids to Poor Digestion**

- Avoid use of regular enemas or laxatives
- Consider texture
- Always call physician if pain on eating
- Notify physician of rectal bleeding

**Session #9, Overhead 40**

**Say**

Many older people find they need less sleep. However, lack of sleep can cause fatigue, irritability, and decreased concentration. Common reasons for not getting enough sleep include waking up more often at night; more difficulty getting to sleep; and waking up earlier.

**Do**

**Show overheads #41-42.** Here are some suggestions for helping the older person to get enough sleep. Review and discuss suggestions on overheads.

**Say**

Any time that changes are recommended for an individual's routine, the individual should be involved in making the decisions.

Your Presentation Notes

**Suggestions to  
Aid Sleep**

- Limit naps
- Get up and go to bed at similar times each day
- Increase exercise, but not too close to bedtime

Session #9, Overhead 41

**Suggestions to  
Aid Sleep**

- Use white noise to mask distractions
- Make sure room is cool
- Provide light snack before bedtime
- Decrease caffeine and alcohol

Session #9, Overhead 42

### Say

Most people continue to learn and obtain new skills throughout their lives. Long-term memory is not affected in many adults, but short-term memory may be difficult or not present at all. Signs of short-term memory loss include:

- Increased forgetfulness, especially of recent events or familiar places;
- Personality changes, such as distrust, increased stubbornness, and restlessness; and/or
- Social withdrawal.

### Do

**Show overheads #43-44.** Review and, discuss suggestions for assisting an older person with short-term memory loss.

## Additional Activities to Support Life Quality

### Say

We have spent this session talking about the stages of life, and things that apply to each stage of life. We will continue our discussion of the stages of life by talking about some additional things that apply to any age or stage in life.

## Your Presentation Notes

### Suggestions for Short-Term Memory Loss

- Break tasks down into simple steps
- Allow plenty of time to answer questions
- Eliminate distractions
- Teach how to organize

Session #9, Overhead 43

### Suggestions for Short-Term Memory Loss

- Separate complaints from real concerns
- Provide peer support
- Provide stimulating environments and challenges

Session #9, Overhead 44

## Helping Individuals With Grief and Loss

### **Say**

Earlier we discussed the grieving process for parents. Individuals with developmental disabilities also experience grief and loss. This can occur when a person moves from their family home to a residential facility, or when a family member or friend dies, when a favored roommate or a DSP leaves the facility, or even when a pet dies. In these situations, the DSP can help by recognizing that the individual is experiencing grief, and by helping the person work through the grieving process. Remember the “states” of grieving: denial of the loss, anxiety, fear, guilt, depression, and anger.

We are going to practice some ways that you, as a DSP, can help a person to talk about their grief and loss. And you will work together to come up with ideas to help deal with the loss.

### **Say**

Look in the *Worksheet and Activities* section of your Resource Guide (refer to appropriate page number) for the activity titled called *Loss and Action*.

This relates to experiencing the pain of loss-getting in touch with and expressing what is

## Your Presentation Notes

being felt.

First, talk at your tables about ways you might help a person who has the ability to talk or act out what he or she is feeling.

The worksheet has several examples of situations that have really happened. Talk about ways you, as a DSP, can help the person deal with the loss they are experiencing. Be prepared to talk about the scenarios with the large group.

**Wait about 10 minutes . . .**

**Do**

Lead the group in a discussion of each of the scenarios. (You will find some ideas for each scenario on the next page.)

**Say**

There is always difficulty when it comes to assisting a person who cannot talk with feelings related to grief or sadness. Ways to do that include playing different types of music together, looking at pictures or going for walks.

Your Presentation Notes

## Activity: Loss and Action

- A. Diego is a man in his late forties. He lived with his mother until he was 35. She went into a nursing home about five years ago and he visited her there once a month. However, about three months ago she died. He went to the funeral, and saw her in the casket and then saw the casket being buried. He understands she has died. He is still very unhappy, though, and wants to spend hours every day talking about her. People he lives with are getting tired of this, and almost no one wants to discuss it any longer. As a DSP, what could you do to help Diego?**

Suggestions: (1) You could set up a time each day to talk with Diego about his mother if he wants; (2) You could arrange an opportunity for Diego to visit the cemetery and suggest that the visit would be a good time to talk about his mother; (3) You could arrange for a relative to call once in a while and talk about his mother; (4) You could suggest to Diego's team that he might benefit from talking to a counselor; or, (5) You could help Diego put together a photo album that he could look through whenever he wants.

- B. Irene is 70 and has lived in the same group home for several years. Before that, she lived in a developmental center. For the past 25 years, her roommate has been a woman named Alice. Alice is still alive, but her medical care needs have become so difficult that she has to leave the group home. How will you help Irene cope with the loss of this friend?**

Suggestions: (1) You could set up a time each day for Irene to talk with Alice on the phone; (2) You could help arrange an opportunity for Irene to visit Alice; (3) You could help Irene get a framed picture of Alice or of Irene and Alice to put on her dresser or on the wall; or, (4) Encourage and assist Irene to participate with others and possibly make some new friends.

- C. John is 25 and has autism. He doesn't speak much and only seems to like a few people. One of them is Paul, a quiet DSP who has supported John for the past three years. Paul is moving away and will be leaving his job in two weeks. What can you do to prepare John for this loss?**

Suggestions: (1) You could ask Paul to sit down with John and explain to him that he is moving away, but that he would call him once in a while; (2) You could arrange a going away party for Paul; or, (3) You could take a picture of Paul and John doing something together that John likes to do and give a copy to both Paul and John at the going away party.

**D. Sarah is a nine year-old little girl who has been in three small-family homes over the past year, due to her numerous medical and behavioral challenges. She lived with her mother until she was eight. Due to her mother's own medical problems, and the fact that she had other children as well, Sarah's mother felt that she could no longer care for Sarah at home. Sarah had gotten heavier, and thus was less mobile and more difficult to move. She is incontinent of both bowel and bladder, and has frequent accidents. Due to medical complications, Sarah has frequent visits to the physicians office and has been hospitalized twice during the past year. Her behavior has become increasingly more difficult. She has not made any friends at school and does not get along well with the other children in the home. Sarah is constantly acting out by hitting other children, refusing to participate in group activities, or refusing to do homework unless an adult is right with her to supervise. What kinds of things can the DSP do to help Sarah?**

Suggestions: (1) You could talk with Sarah about her family. Get pictures and put them up.; (2) You could ask Sarah what types of activities she enjoys doing, and plan some events around her interests; (3) You could find out what type of reward Sarah would enjoy and use a star chart around positive behavior and doing homework to encourage Sarah; (4) The person-centered planning team can meet to look at possible solutions.



## Do

**Show overheads #45, #46, #47** Read each of the examples. Emphasize that most of these can be done with people who are verbal or non-verbal.

## Do

As you look at each example, ask if anyone has ever had any experience that is similar. Encourage discussion.

## Keeping a Life Book

### Say

How many of you keep photo albums? Let's talk about the pictures in your photo album. Do you have pictures of your parents and relatives? Your own baby pictures? Pictures of significant events in your childhood? Graduation pictures? Wedding pictures? Pictures of your children? Birthdays? As you can see, it is important to many, if not all of you, to keep pictures or momentos of the many milestones in our lives so that we can remember. These memories are important to our quality of life.

As a DSP, you can help a person by gathering and taking pictures and other momentos to assist each individual to develop a Life Book. Life Books are, very simply, a scrap book that a person might put

## Your Presentation Notes

### Some Ways to Get in Touch with Grief and Loss

- **Put together a tape of music**
  - Favorite music of the person who died or moved
  - Music that moves from happiness to sadness - back to happiness
- **Make an album of pictures of the loss**
  - Try for a variety of settings
  - Include pictures with and without the person

Session #9, Overhead 45

### Some Ways to Get in Touch with Grief and Loss

- **Make a memory box**
  - Put pictures in it
  - Put in things like tickets or jewelry
- **Draw a body map**
  - It can be lifesize
  - Color in feelings

Session #9, Overhead 46

### Some Ways to Get in Touch with Grief and Loss

- **Make a feelings box**
  - Illustrate the difference between inside and outside
  - Include all types of feelings
- **Work with candles as symbols**
  - Light a candle for each person
  - Blow out one candle ... the other one goes on

Adapted from *Helping Adults with Mental Retardation Grieve a Death Loss* by Luchterhand & Murphy

Session #9, Overhead 47

together that can help the person stay connected with family...and also help the person stay in touch with important memories. Life Books are also useful for new DSPs to get to know the individuals living in the home and provide topics for conversation.

**Ask**

What kinds of things do you think someone might put in a Life Book?

If you worked with children, what do you think a girl of 8 or 10 might want in a Life Book? What might be different for a boy?

How about a teenager? And what about an adult?

Do any of you know someone who just can't seem to talk enough about an important event in their life? A Life Book can give that person the opportunity to relive the memory many times and to share it with others in a meaningful way.

**Ask**

How do you think having a Life Book might improve a person's life quality? (The discussion will usually be about having a connection to friends and family, keeping important memories.)

## Your Presentation Notes

**Do**

Encourage DSPs to bring their own "Life Books" to the next session to share with other before the class or at the break. If a DSP does not have a Life Book or scrapbook - they can start by clipping pictures from magazines of things they like to do or pictures that remind them of their own memories.

**Physical Fitness**

**Say**

Okay, now we're going to change the mood in here a lot. Everyone stand up and stretch. Reach for the sky. Now shake out your hands and arms.

Touch your toes. Now, get ready. We're going to move in place for five minutes. Some of you may feel comfortable running in place. If you don't think you can do this, just keep moving however you feel comfortable moving. Step like you are marching or just bring your knees up and down slowly.

**Do**

"Ready, go." Keep the group moving for several minutes and then let them sit down. (Some people may not be able to move for more than a minute or two.)

**Your Presentation Notes**

## Your Presentation Notes

### **Say**

Okay, now how do you feel? (Look for answers like “out of breathe”, “hot”, “great”, “like I need a break”.)

### **Say**

One of the most important keys to a healthy and happy life is physical fitness. There are many benefits to physical fitness. What can you think of?

### **Do**

**Show overhead #48 Read and discuss.**

### **Do**

**Show overhead #49.** Review and discuss ways that physical exercise can be built into daily routines for children, adolescents, adults and the elderly. Encourage people to talk about what they do to stay physically fit.

### **Say**

Joining a gym can be a great experience for people with disabilities, but that isn't the only way to get and stay fit. As we have discussed, there are plenty of things to do at home and in the community that can help a person get physical exercise and stay fit.

### **Benefits of Fitness**

- ✓ Strengthen muscles
- ✓ Increased energy
- ✓ Improve “regularity”
- ✓ Improve ability of heart to send oxygen to the lungs and brain
- ✓ Feel happier
- ✓ Look better
- ✓ Resist getting sick

Session #9, Overhead 48

### **Don't Want to Join a Gym?**

- ✓ Follow an exercise video
- ✓ Garden
- ✓ Climb the stairs
- ✓ Put on your favorite music and dance
- ✓ Sweep
- ✓ Rake the leaves
- ✓ Wash the windows
- ✓ Lift cans or plastic jugs

Session #9, Overhead 49

## Risk

### **Say**

Often as we start to increasing opportunities for life quality through activities, someone asks about risk. There is some risk to almost everything we do. Babies fall down. Children get into arguments. Teenagers wreck cars. People are fired from jobs. Sometimes people take the wrong bus.

Risk or danger is often used as a reason to limit opportunities, both at home and in the community, for people with disabilities.

### **Ask**

Are there any rules where you work that may be designed to “keep people safe”, but at the same time keep people from trying or learning new things? If so, are there things that could be done to reduce the potential risk and to support individuals to grow and develop? Encourage discussion.

### **Say**

One way might be to break the activity down into smaller steps like we talked about during the sessions on teaching. This would allow people to try new things and reduce the risk and safety.

For example, if a person wants to go to the store alone, but the store is across the street,

## Your Presentation Notes

what would be a good, first step? (Learning to cross streets safely, and breaking down street crossing into small, teachable steps.)

**Say**

What about someone who is interested in taking the bus downtown to a movie, but can't read the numbers to know which is the right bus, what could you do to reduce the risk? (Focus on teaching the person to learn the numbers for the right bus; or how to ask for assistance from the driver.)

**Say**

The key to reducing risk is to think about it like you would any other goal. Discuss the potential risk with the person, get the help of the individual's planning team, and develop a plan that will ensure maximum protection and safety for the individual. Remember, breaking the activity down into small steps, and planning carefully for each step is the key.

People with disabilities must be allowed to take reasonable risks . . . and to make mistakes ...and try again. The DSP should look at the likelihood there could be a problem, then figure out how best to prepare an individual so that he or she can be more independent in as safe a way as possible. This is called risk prevention. Learning and growing is critical to life quality, and we as

## Your Presentation Notes

DSPs need to find ways to support individuals to achieve their potential throughout their life time.

## Presentation and Review of Optional In-Class Activity

**Note:** If you have time at the end of this session, here is an optional activity you can use. You could also use this for a homework activity. You can use the teacher's script below for either a wrap-up of this session or as a lead-in to the next session.

### **Say**

In our *Resource Guide*, you will find an activity titled *Interest Survey* (please refer to the appropriate page number). In this activity, you will choose a partner. Interview each other using the questions on the worksheet. Make sure that you record some notes for use in a large group activity.

**Wait about 10 minutes and . . .**

### **Say**

Please share some of the answers for your partner.

## Your Presentation Notes

## Optional Activity: Interest Survey

**Directions:** After choose a partner, interview each other using the following questions. Make sure that you record some notes for use in a large group activity.

- 1. What special interests or skills do you have?**
  
  
  
  
  
  
  
  
  
  
- 2. What are your hobbies?**
  
  
  
  
  
  
  
  
  
  
- 3. Do you belong to any clubs and, if so, what are they?**
  
  
  
  
  
  
  
  
  
  
- 4. Have you taken any classes lately? If so, what are they?**
  
  
  
  
  
  
  
  
  
  
- 5. What have you done in the last week for fun?**



**Do**

Read each of the questions and use flip chart paper or a blank transparency to record the answers.

**Say**

The idea of this activity was to use your own life experience in thinking about ways to offer opportunities for new activities to the people you support.

**Ask**

Are there some activities here that you might try?

**Say**

Remember, the best way to support life quality is to keep listening to and watching for the things that people like to do. Those cues are important ones when you're trying to schedule activities for the people you support.

**Say**

That ends this session. Let's see how well you can answer some practice questions on this topic.

Your Presentation Notes

## Practice Questions

### **Say**

In your *Resource Guide* (refer to the appropriate page), you will find some practice review questions about this session.

Please take a few minutes to read the questions and mark your answers on the practice form.

Wait about 5 minutes

### **Say**

Let's review your answers. (**Note:** The answers are underlined in your teacher's guide.)

### **Do**

Make sure that all of the questions are answered correctly and review the information as needed.

## Ending the Session

### **Say**

Don't forget to look at the key words for the next session. You can find the definitions for a session at the end of the each *Resource Guide*. All of the words for Year 2 are in the **Key Word Dictionary** in the *Resource Guide*, Session #12. Any questions? See you next time.

## Key Word Dictionary Supporting Life Quality Session #9

### **Activities**

Activities are things people do that are not related to work or chores: things a person does for fun, leisure and recreation.

### **Attachment or Bond**

The process of developing a close relationship to a parent, sibling or caregiver.

### **Developmental Delay**

A delay in one or more areas (for example, speech, motor) that makes it difficult for an individual to progress through 'typical' developmental stages.

### **Grief Reaction**

The process of learning to live with the loss of a pet, relative, friend or caregiver to a permanent departure or death.

### **Life Stages**

A portion of a person's life that is related to age and has certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

### **Life Quality**

Characteristics of a person's life that include those things that the person feels are most important, like good friends, health, and a safe place to live.

### **Special Health Care Needs**

May include respiratory and or feeding problems which require specialized support from the caregiver. For example, an infant's breathing may be recorded by a cardiorespiratory monitor, or a child may need to be fed using an internal feeding tube.

### **Transition**

The process of moving from one important life stage to another. Most often referred to when moving from adolescence to adulthood.

## **If You Want to Read More About Supporting Life Quality**

**Luchterhand, C. and Murphy, N. (1998).**

Helping Adults with Mental Retardation Grieve a Death Loss. Taylor & Francis Limited; ISBN 1-56032-768-5

Provides information on universal reactions to grief for all people. Also gives insight related to people with mental retardation. Includes many activities that can be used to help DSPs support people through loss.

**O'Brien, J. and Connie Lyle (1996).**

Members of Each Other: Building Community in Company with People with Developmental Disabilities. Inclusion Press; ISBN 1-895418-24-0

A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.

**Schwartz, D. (1992).**

Crossing the River: Creating a Conceptual Revolution in Community & Disability. Brookline Books; ISBN 0-914787-54-9

Contains several essays about problems in the community service delivery system and how there is a new emphasis on and understanding of the importance of personal relationships and the value of community participation.

## **References and Resources for Supporting Life Quality**

### **INFANT TO ADOLESCENT**

#### **The First Twelve Months of Life (1995).**

by Caplan, Theresa and Frank; Bantam Books.

#### **The Second Twelve Months of Life (1979).**

by Caplan, Theresa and Frank; Bantam Books, Doubleday and Dell.

#### **The Early Childhood Years, The 2 to 6 Year Old (1984).**

by Caplan, Theresa and Frank; Bantam Books, Doubleday and Dell.

#### **Back to Sleep, Reducing the Risk of Sudden Infant Death Syndrome: What You Can Do.**

by US Public Health Service, American Academy of Pediatrics, SIDS Alliance and Association of SIDS Program Professionals.

#### **Shaken Baby Syndrome (1993)**

by Conser, Sally; Journal of Pediatric Healthcare, September-October 1993, pp. 238-239.

#### **Unintentional Injuries in Childhood and When School is Out, The Development of Children Ages 6 to 14**

by Eccles, Jacquelynne S.

### **TRANSITION TO ADULTHOOD**

#### **Websites**

**[www.ici.coled.umn.edu/ici](http://www.ici.coled.umn.edu/ici)**

National Transition Network; Institute on Community Integration  
University of Minnesota

**<http://www.dssc.org/nta>**

National Transition Alliance for Youth with Disabilities

**[www.sjtcc.ca.gov](http://www.sjtcc.ca.gov)**

State Job Training Coordinating Council

**[www.cudenver.edu/transition](http://www.cudenver.edu/transition)**

Best Practices in Transition University of Colorado at Denver

**[www.msstate.edu/dept/COE/PAACS](http://www.msstate.edu/dept/COE/PAACS)**

College Students with Disabilities and Assistive Technology; Project PAACS  
(Postsecondary Accommodations for Academic & Career Success) Mississippi State University

**[www.cds.hawaii.edu](http://www.cds.hawaii.edu)**

National Center for the Study of Postsecondary Education Supports  
University of Hawaii at Manoa

**[webl.tch.harvard.edu/ici](http://webl.tch.harvard.edu/ici)**

Institute for Community Inclusion

**[www.ucpa.org/html/innovative/atasc/index.html](http://www.ucpa.org/html/innovative/atasc/index.html)**

AT Funding & Systems Change Project

**[www.stw.ed.gov](http://www.stw.ed.gov)**

National School-to-Work Learning & Information Center

**[www.iod.unh.edu](http://www.iod.unh.edu)**

Institute on Disability/UAP

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